

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047640

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1773

FILED DEC 19 1963

1. PLACE OF DEATH

a. COUNTY GREENE

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO. b. COUNTY SHANNON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SPRINGFIELD

Length of stay in 1b

c. CITY OR TOWN WINONA

Inside Limits
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION BURGE PROESTANT HOSPITAL

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
RURAL ROUTE

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
RICKEY LEE COUNTS

4. DATE OF DEATH DEC. 12 1963

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 12-11-63

9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min. 15 22

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
NONE

10b. KIND OF BUSINESS OR INDUSTRY
NONE

11. BIRTHPLACE (City and state or country)
WINONA, MO.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

UNKNOWN

13b. MOTHER'S MAIDEN NAME

ANNA COUNTS

14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address
JOSE FEEN, WINONA, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Foetal atelectasis

INTERVAL BETWEEN ONSET AND DEATH

DUE TO (b)

Immature birth

1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____, and last saw her alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

David A. Thompson M.D.

22b. ADDRESS

600 S. 8th Street, Springfield, MO.

22c. DATE SIGNED

12-12-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

23b. DATE 12-13-63

23c. NAME OF CEMETERY OR CREMATORY
PINELAWN CEMETERY

23d. LOCATION (City, town, or county)
WINONA, MO.

24. FUNERAL DIRECTOR ADDRESS

CLARY FUNERAL HOME, WINONA, MO.

25. DATE RECD. BY LOCAL REG.

12-17-63

26. REGISTRAR'S SIGNATURE

Bernie W. H. H.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

10397

21010

3

4 0

5 0

6

7 0

8 0

9 625

10

11

12 1-0

13

FORM 10-1-55

12/12/63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James Gray Cooper

Licensed Embalmer No. 5257

P. O. Address Springfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.